MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC	**Response Timely Filed?** (X) Yes () No
Requestor Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77504	MDR Tracking No.: M4-03-9039-01 TWCC No.: Injured Employee's Name:
Respondent Illinois National Insurance Co. Rep. Box # 19	Date of Injury: Employer's Name: Brown & Root Industrial Services Insurance Carrier's No.: 077066642

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
8-21-02	8-26-02	Inpatient Hospitalization	$24,439.80	$0.00

PART III: REQUESTOR'S POSITION SUMMARY

F – Payment not in accordance with Acute In-Patient Stop Loss Fee Guideline. H – Carrier did not conduct on-site audit.

PART IV: RESPONDENT'S POSITION SUMMARY

Requestor billed a total of $113,760.75 The Requestor asserts it is entitled to reimbursement in the amount of $85,320.18, which is 75% of the original bill. Carrier maintains that this, the stop-loss methodology, is not the proper way to calculate the reimbursement amount in this case.

On site audit revealed carrier overpaid #3980.30. Services were paid accordingly to the fee schedule, fair and reasonable, ½ payment bid.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed $40,000 in total audited charges, but also involve "unusually extensive services."

The operative report indicates claimant underwent, "Removal of EBI and electrodes; Excision of lumbosacral cyst; Removal of hardware; Bone grafting, pedicle screw holes L4-L5, L5-S1; Exploration of fusion mass; Excision of pseudoarthrosis anteriorly at 4-5 and laterally at 4-5 and 5-1; Sacroiliac graft; Bone grafting, pedicle screw holes, L4, L5 and S1; Anterior fusion from a posterior approach using interbody techniques, L4-L5; Lateral transverse fusion, L4-L5, L5-S1, S1-S2; Posterolateral facet fusion, L4-L5, L5-S1, S1-S2; Bilateral lateral instrumentation L4-S1 with bilateral ¼" rods and double cross links; fat graft, L3-S2; creation of muscle and fascial flaps to close seromatous formation, lumbosacral spine, with secondary closure and fascial flaps; and Adjacent tissue transfer with revision and secondary closure."

After reviewing the documentation provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was 5 days (consisting of 5 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to $5590.00(5 times $1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

Cost invoices to support additional reimbursement per Rule 134.401(c)(4) were not submitted.

The insurance carrier paid $56,880.38 for inpatient hospitalization.

Considering the reimbursement amount calculated in accordance with the provisions of rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings and Decision by:

Authorized Signature	Elizabeth Pickle, RHIA Typed Name	May 10, 2005 Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____